

WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT				Report Date:	
From:		To: Navy Crane Center, NORTHNAVFACENGCOM 10 Industrial Hwy; MS #82 Lester, PA 19113-2090 FAX (610) 595-0747			
UIC:					
Activity:				Report No:	
Crane No:		Cat:	Accident Date:		Time: hrs
SPS:	GPS:	Crane Type:	Crane Manufacturer:		
Location:			Weather:		
Crane Capacity:		Hook Capacity:		Weight of Load on Hook:	
Fatality or Permanent Total Disability		YES	NO	Material/Property Cost Estimate:	
Loss of Work Time Beyond the Day or Shift on Which it Occurred? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>Accident Type:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Personal Injury</div> <div style="width: 50%;"><input type="checkbox"/> Overload</div> <div style="width: 50%;"><input type="checkbox"/> Derail</div> <div style="width: 50%;"><input type="checkbox"/> Damaged Rigging Gear</div> <div style="width: 50%;"><input type="checkbox"/> Load Collision</div> <div style="width: 50%;"><input type="checkbox"/> Two Blocked</div> <div style="width: 50%;"><input type="checkbox"/> Dropped Load</div> <div style="width: 50%;"><input type="checkbox"/> Damaged Crane</div> <div style="width: 50%;"><input type="checkbox"/> Crane Collision</div> <div style="width: 50%;"><input type="checkbox"/> Damaged Load</div> <div style="width: 50%;"><input type="checkbox"/> Other Specify _____</div> </div>					
<b>Cause of Accident:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Improper Operation</div> <div style="width: 50%;"><input type="checkbox"/> Equipment Failure</div> <div style="width: 50%;"><input type="checkbox"/> Inadequate Visibility</div> <div style="width: 50%;"><input type="checkbox"/> Improper Rigging</div> <div style="width: 50%;"><input type="checkbox"/> Switch Alignment</div> <div style="width: 50%;"><input type="checkbox"/> Inadequate Communication</div> <div style="width: 50%;"><input type="checkbox"/> Track Condition</div> <div style="width: 50%;"><input type="checkbox"/> Procedural Failure</div> <div style="width: 50%;"><input type="checkbox"/> Other Specify _____</div> </div>					
<b>Chargeable to:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Track Walker</div> <div style="width: 50%;"><input type="checkbox"/> Rigger</div> <div style="width: 50%;"><input type="checkbox"/> Operator</div> <div style="width: 50%;"><input type="checkbox"/> Maintenance</div> <div style="width: 50%;"><input type="checkbox"/> Management/Supervision</div> <div style="width: 50%;"><input type="checkbox"/> Other Specify _____</div> </div>					
<b>Crane Function:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Travel</div> <div style="width: 50%;"><input type="checkbox"/> Hoist</div> <div style="width: 50%;"><input type="checkbox"/> Rotate</div> <div style="width: 50%;"><input type="checkbox"/> Luffing</div> <div style="width: 50%;"><input type="checkbox"/> Telescoping</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>					
Is this accident indicative of a recurring problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Accident Report Nos.: _____					
ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List Corrective/Preventive Actions assigned and responsible codes.					
Preparer's Signature		Code		Date	
CONCURRENCES (Include Signature, Code, and Date)					
CERTIFYING OFFICIAL				Date	

FIGURE 12-1 (1 of 2)

## WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT INSTRUCTIONS

1. Report Date: The date the accident report is completed and signed by the certifying official.
2. From: The naval activity that owns the crane and UIC number.
3. Activity: The naval activity where the accident took place.
4. Report No.: The activity assigned accident number (e.g., 95-001).
5. Crane No.: The activity assigned crane number (e.g., PC-5).
6. Category: Identify category of crane (i.e., 1, 2, 3, or 4).
7. Accident Date: The date the accident occurred.
8. Time: The time (24 hour clock) the accident occurred (e.g., 1300).
9. Category of Service: Special purpose service (SPS) or general purpose service (GPS).
10. Crane Type: The type of crane involved in the accident (e.g., mobile, bridge).
11. Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H).
12. Location: The detailed location where the accident took place (e.g., building 213, dry dock 5).
13. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
14. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds).
15. Hook Capacity: The capacity of the hook involved in the accident at the maximum radius of the operation.
16. Weight of Load on Hook: If applicable, the weight of the load on the hook.
17. Fatality or permanent total disability?: Check yes or no.
18. Material/Property Cost Estimate: Estimate total cost of damage resulting from the accident.
19. Loss of work time beyond the day or shift on which it occurred?: Check yes or no.
20. Accident Type: Check all that apply.
21. Cause of Accident: Check all that apply.
22. Chargeable to: Check all that apply.
23. Crane Function: Check the function(s) in operation at time of accident. Check all that apply.
24. Is this a recurring problem?: Check yes or no. Identify any other similar accidents.
25. Situation Description/Corrective Actions: Self-explanatory.
26. Concurrence: Signatures of activity personnel concurring with the accident report.
27. Certifying Official. Signature of crane certifying official approving the report

FIGURE 12-1 (2 of 2)